



**Arizona Department of Agriculture (ADA)**  
Licensing and Registration Section  
1688 West Adams, Phoenix, Arizona 85007  
Phone: (602) 542-0901  
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For ADA/ESD Use Only

Form 1080

ARS 3-363; AAC R3-3-302

Seller \_\_\_\_\_ PSP \_\_\_\_\_ Date \_\_\_\_\_  
Grower \_\_\_\_\_ PGP \_\_\_\_\_ County \_\_\_\_\_  
Pest Conditions \_\_\_\_\_ PMA area ☐ Yes ☐ No  
Harvest Date \_\_\_\_\_ Label Reentry Interval \_\_\_\_\_ WS Reentry Interval \_\_\_\_\_ Label Days to Harvest \_\_\_\_\_ Date to be applied \_\_\_\_\_

CROP	SEC	TWN	RGE	ACRES	CROP	SEC	TWN	RGE	ACRES

Additional Field Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRODUCT/BRAND NAME		EPA REGISTRATION#		RATE & UNIT OF MEASURE/ACRE		DILUTION/ 100 GAL.		TOTAL CHEMICAL
TOTAL ACRES		TOTAL VOLUME PER ACRE		DEQ SOIL APPLIED <input type="checkbox"/> YES <input type="checkbox"/> NO		SUPP. LABEL REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> AIR <input type="checkbox"/> GROUND

Label Restrictions/Special Instruction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicator \_\_\_\_\_ Delivery location \_\_\_\_\_  
**The undersigned certifies that the above instructions comply with all laws and rules**  
\_\_\_\_\_  
PGP/PCA # \_\_\_\_\_

Grower/Agent's Signature or Advisor's Signature \_\_\_\_\_  
\_\_\_\_\_

ARS 3-363—Pesticide Application Report

I, the undersigned, certify that an application of pesticides was made by the designated applicator in strict compliance with the above recommendation instructions on the date and under the conditions specified below.

EQUIP TAG # \_\_\_\_\_ WIND DIRECTION & VELOCITY \_\_\_\_\_ DATE APPLIED \_\_\_\_\_  
TIMES \_\_\_\_\_  
\_\_\_\_\_

DEVIATION FROM INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_

COMPANY NAME \_\_\_\_\_ GROWER/APPLICATOR SIGNATURE \_\_\_\_\_ PGP/CA # \_\_\_\_\_ PUP/PUC # \_\_\_\_\_

PRINT OPERATOR(S)/PILOT NAME \_\_\_\_\_ AAP# \_\_\_\_\_

Copy distribution: two copies to applicator, one copy to advisor, one copy to seller and one copy to grower

NOTE: This document must be submitted to the ADA no later than the Monday following the week in which the application was made except when holidays intervene.